



Application for the review of a premises licence or club premises certificate under the
Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure
that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

I PAUL IDDON
(Insert name of applicant)

apply for the review of a premises licence under section 51 / apply for the review of a club
premises certificate under section 87 of the Licensing Act 2003 for the premises described in
Part 1 below (delete as applicable)

Part 1 - Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description

PO NA NA
82 THE BROADWAY
WIMBLEDON

Post town

WIMBLEDON

Post code (if known)

SW19 1RH

Name of premises licence holder or club holding club premises certificate (if known)

BARCLUB TRADING LTD

Number of premises licence or club premises certificate (if known)

CN/000000804

Part 2 - Applicant details

I am

Please tick ✓ yes

1) an individual, body or business which is not a responsible
authority (please read guidance note 1, and complete (A)
or (B) below)



2) a responsible authority (please complete (C) below)



3) a member of the club to which this application relates
(please complete (A) below)



(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)

Please tick ☒ yes

Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title
(for example, Rev)

Surname

IDDON

First names

PAUL

I am 18 years old or over

Please tick ☒ yes

Current postal
address if
different from
premises
address

1 KINGS ROAD
WIMBLEDON
LONDON

Post town

WIMBLEDON

Post Code

SW19 8PL

Daytime contact telephone number

E-mail address
(optional)

(B) DETAILS OF OTHER APPLICANT

Name and address

CHIA LIN CHEN
1 KINGS ROAD
WIMBLEDON
SW19 8PL

Telephone number (if any)

E-mail address (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Telephone number (if any)
E-mail address (optional)

This application to review relates to the following licensing objective(s)

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Please tick one or more boxes ✓

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Please state the ground(s) for review (please read guidance note 2)

AUDIBLE MUSIC THUMPING BEAT
UNTIL 3AM MOST NIGHTS OF THE WEEK
APART FROM SUNDAY
DISTANCE FROM WHERE SOUND ESCAPE
HAPPENS TO PROPERTY I RESIDE IN IS
5 METERS.

I CANNOT KEEP AWAKE UNTIL
3AM MANY NIGHTS IT IS
RUINING MY LIFE

Please provide as much information as possible to support the application (please read guidance note 3)

I HAVE MADE NUMEROUS COMPLAINTS TO THE LOCAL AUTHORITY AND CLUB OWNER BUT NOTHING GETS DONE. I CANNOT KEEP AWAKE NIGHT AFTER NIGHT UNTIL 3AM WAITING FOR THE MUSIC TO STOP.

ALL I HEAR IS THE THUMPING BASS SOUND. IT IS BEING EMITTED FROM THE DOORS AT THE REAR OF THE CLUB WHICH ARE ONLY 5 METERS AWAY.

WHEN A TRACK WITH A HEAVY BASS IS BEING PLAYED ALL I HEAR IS A THUMPING NOISE AND VIBRATION WHICH MAKES IT IMPOSSIBLE TO SLEEP.

ON TOP OF THIS I ALWAYS HAVE TO CONFRONT PEOPLE CLIMBING OVER THE FENCE URINATING IN THE GARDEN AND ^{THERE IS LOTS OF} SCREAMING AND SHOUTING WHILE QUEING TO ENTER THE CLUB. THIS ^{BASS} NOISE CONSTITUTES INFRASOUND DUE TO THE LOW FREQUENCY. THE LONG TERM EFFECT OF EXPOSURE TO INFRASOUND CAUSES ANXIETY, SLEEPLESSNESS IRRITATION AND OTHER PROBLEMS AND I AM BEING EXPOSED ON ALMOST A DAILY BASIS.

I HAVE TOLD THE OWNERS THAT
SO LONG AS THE MUSIC IS AUDIBLE
AT THE REAR OF THE CLUB THEN
IT IS GOING TO CAUSE DISTURBANCE
AND BE AUDIBLE AT MY ADDRESS ^{5 METERS AWAY} YET
DESPITE EMAILS AND REASSURANCES STILL
MUSIC IS BOOMING OUT FROM THE BACK.
ON THE 31ST OCTOBER WHEN WALKING PAST
PONANA I WITNESSED A SEVERELY VIOLENT
ASSUALT AT 11.52pm. THE WHOLE OF

THE QUEUE SCREAMED AS SOME DRUNKEN YOB
FOUGHT WITH THE DOOR SECURITY. I HAVE
WITNESSED NOTHING BUT ANTI SOCIAL BEHAVIOUR
FROM USERS OF THIS PREMISES, EVERY SINGLE
TIME I GO OUT AFTER 11pm PEOPLE ARE HANGING AROUND
URINATING, SHOUTING. SEVERAL TIMES I HAVE HAD TO
CLEAR VOMIT FROM THE GARDEN AND IT IS A
REGULAR SIGHT ALONG THE BROADWAY AND KINGS ROAD.
I HAVE VIDEO EVIDENCE OF THE SOUND ESCAPE AT
THE REAR.

OTHER RESIDENT HAVING SAME PROBLEMS

I AM FED UP GETTING OUT OF BED TO CLOSE
THE DOOR AT BACK OF CLUB 5 METERS AWAY

Have you made an application for review relating to the premises before

Please tick ✓ yes

☐

If yes please state the date of that application

Day	Month	Year

If you have made representations before relating to the premises please state what they were and when you made them

THIS IS NOT COMPLIANT WITH
STANDARDS TO HAVE MUSIC THUMPING OUT
5 METERS FROM WHERE SOMEONE
RESIDES. PLUS MANY TIME IT DOES NOT
STOP UNTIL 3.20 AM. I AM LOSING HOURS
OF MY LIFE EVERY WEEK. I AM STAYING AWAKE WAITING
FOR THE MUSIC TO STOP. I AM NOT SLEEPING.

yes

Please tick ✓

- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate ☒
- I understand that if I do not comply with the above requirements my application will be rejected ☒

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 3 – Signatures (please read guidance note 4)

Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

PAUL IDDON
1 KINGS ROAD
WIMBLEDON

Post town

LONDON

Post Code

SW19 8PL

Telephone number (if any)

If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)

Notes for Guidance

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.